

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10789303

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15	/					
16		/				
17		/				
18	/					
19		/				
20	/					
21		4				
22		5				
23		5				
24		5				
25		5				
26		6				
27		6				
28		3				
29		5				
30		/				
31						
32						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	61					
TOTAL CLAIMS	67					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						